

U.S. 2,498	FILING DATE 10/05/99	CLASS 707	GROUP ART UNIT 2771	ATTORNEY DOCKET NO. RCA86482
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APPLICANT

JAMES EDWIN HAILEY, INDIANAPOLIS, IN; MICHAEL WAYNE JOHNSON, INDIANAPOLIS, IN; HUGH BOYD MORRISON, INDIANAPOLIS, IN; SHEILA RENEE CROSBY, CRYSTAL LAKE, IL; ROBERT JOSEPH LOGAN, INDIANAPOLIS, IN; ROBERT SKIPWORTH COMER, CARMEL, IN.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED PROVISIONAL APPLICATION NO. 60/043,539 04/14/97

HL

  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED THIS APPLN IS A 371 OF PCT/US97/17033 09/23/97

HL

  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED

HL

  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/08/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 9	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
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Verified and Acknowledged HL  

Examiner's Initials
Initials

  

ADDRESS

JOSEPH S TRIPOLI  
THOMSON MULTIMEDIA LICENSING INC  
PO BOX 5312  
PRINCETON NJ 08540

  

TITLE

SYSTEM FOR FORMING PROGRAM GUIDE INFORMATION FOR  
USER INITIATION OF CONTROL AND COMMUNICATION  
FUNCTIONS

  

FILING FEE RECEIVED  \$948	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 402498	RECEIPT DATE:	10 / 05 / 99
IA NUMBER:	PCT/ US97 / 17033	IA FILING DATE:	09 / 23 / 97
FAMILY NAME:	HAILEY	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	JAMES EDWIN	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 14 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	RCA 88482	COUNTRY:	USX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: JOSEPH S TRIPOLI  
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CITY: PRINCETON  
STATE/COUNTRY: NJ ZIP: 08543  
EMAIL:  
APPLICATION TITLES:  
SYSTEM FOR FORMING PROGRAM GUIDE INFORMATION FOR  
USER INITIATION OF CONTROL AND COMMUNICATION  
FUNCTIONS

TAB TO LAST POSITION,PUSH SEND